

Health Care Survey of DoD Beneficiaries

Child Questionnaire



SURVEY INSTRUCTIONS

Answer all the questions by checking the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this:

- ☐ Yes **Go to Question 1**
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense (Health Affairs)
c/o Survey Processing Center
PO Box 82660
Lincoln, NE 68501-9462

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55, Public Law 102-484, E.O. 9397.

Purpose: This survey helps health policy makers gauge beneficiary satisfaction with the current military healthcare system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

—————SURVEY STARTS HERE—————

Please answer the questions for the child whose name appears on the envelope. Please do not answer for any other children.

1. **Are you an adult responsible for the child listed on the envelope?**

- ☐ Yes **Go to Question 2** ☐ No **Please give this questionnaire to a person responsible for that child.**

2. **Which health plan did you use for all or most of your child's healthcare in the last 12 months? MARK ONLY ONE.**

- ☐ TRICARE Prime
☐ TRICARE Extra/Standard (CHAMPUS)
☐ Federal Employees Health Benefit Program (FEHBP)
☐ Medicaid
☐ A civilian HMO (such as Kaiser)
☐ Other civilian health insurance (such as Blue Cross)
☐ Uniform Services Family Health Plan (USFHP)
☐ Not sure
☐ My child did not use any health plan in the last 12 months.

For the remainder of this questionnaire, the term health plan refers to the plan you marked in Question 2.

3. **In the last 12 months, how many months in a row was your child enrolled in this health plan?**

- ☐ Less than 2 months ☐ 7-12 months
☐ 2-6 months ☐ Not enrolled in a health plan in the last 12 months.



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4. Which of the following healthcare plans is your child currently covered by? MARK ALL THAT APPLY.

- ☐ TRICARE Prime
- ☐ TRICARE Extra/Standard (CHAMPUS)
- ☐ Federal Employees Health Benefit Program (FEHBP)
- ☐ Medicaid
- ☐ A civilian HMO (such as Kaiser)
- ☐ Other civilian insurance (such as Blue Cross)
- ☐ Uniform Services Family Health Plan (USFHP)
- ☐ Not sure
- ☐ My child did not use any health plan in the last 12 months

_____YOUR CHILD'S PERSONAL DOCTOR OR NURSE_____

The next questions ask you about your child's healthcare. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

5. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

- ☐ Yes ☐ No Go to Question 9

6. With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ My child does not have a personal doctor or nurse. Go to Question 9

7. In the last 12 months, when your child went to his or her personal doctor or nurse's office or clinic, how often did the doctor or nurse talk with you about how your child is feeling, growing, or behaving?

- ☐ Never ☐ Usually ☐ My child doesn't have a personal doctor or nurse. Go to Question 9
☐ Sometimes ☐ Always

8. We want to know your rating of your child's personal doctor or nurse. If your child has more than one personal doctor or nurse, choose the person your child sees most often.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor or nurse possible
- ☐ My child doesn't have a personal doctor or nurse.

9. For members of TRICARE Prime, the primary point of contact regarding your child's health is called a primary care manager or PCM. This may be the same person as your child's personal doctor or nurse. Does your child have a TRICARE primary care manager?

- ☐ Yes Go to Question 10 ☐ I don't know. Go to Question 13
☐ No Go to Question 13 ☐ My child is not enrolled in TRICARE Prime. Go to Question 13

10. Do you know the name of your child's TRICARE Prime primary care manager?

- ☐ Yes ☐ No

11. In the last 12 months, how much of a problem was it for your child to see his or her TRICARE primary care manager?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ My child doesn't have a TRICARE primary care manager. Go to Question 13

12. Is your child's TRICARE Prime primary care manager (PCM) based in a military or civilian facility?

- ☐ A primary care manager based at a military facility ☐ Not sure
☐ A primary care manager based at a civilian facility ☐ Not a member of TRICARE Prime.

—————GETTING HEALTHCARE FROM A SPECIALIST—————

When you answer the next questions, do not include dental visits.

13. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of healthcare.

In the last 12 months, did you or a doctor think your child needed to see a specialist?

- ☐ Yes ☐ No Go to Question 18

14. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ My child did not see a specialist in the last 12 months.

15. In the last 12 months, did your child see a specialist?

- ☐ Yes ☐ No Go to Question 18

16. We want to know your rating of the specialist your child saw most often in the last 12 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible and 10 is the best specialist possible. How would you rate your child's specialist?

- ☐ 0 Worst specialist possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best specialist possible
☐ My child didn't see a specialist in the last 12 months.



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17. In the last 12 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

- ☐ Yes
☐ No
☐ My child doesn't have a personal doctor or didn't see a specialist in the last 12 months.

—————CALLING DOCTORS' OFFICES—————

18. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

- ☐ Yes ☐ No Go to Question 20

19. In the last 12 months, when you called during regular office hours, how often did you get the help you needed for your child?

- ☐ Never ☐ Always
☐ Sometimes ☐ I didn't call for help or advice for my child during regular office hours in the last 12 months.
☐ Usually

—————YOUR CHILD'S HEALTHCARE IN THE LAST 12 MONTHS—————

A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for healthcare.

20. In the last 12 months, did you make any appointments for your child with a doctor or other health provider for regular or routine healthcare?

- ☐ Yes ☐ No Go to Question 23

21. In the last 12 months, how often did your child get an appointment for regular or routine healthcare as soon as you wanted?

- ☐ Never ☐ Always
☐ Sometimes ☐ My child didn't need an appointment for regular or routine care in the last 12 months.
☐ Usually

22. In the last 12 months, how many days did your child usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- ☐ Same day ☐ 8-14 days
☐ 1 day ☐ 15-30 days
☐ 2-3 days ☐ 31 days or longer
☐ 4-7 days ☐ My child didn't need an appointment for regular or routine care in the last 12 months.

23. In the last 12 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- ☐ Yes ☐ No Go to Question 26

24. In the last 12 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

- ☐ Never ☐ Always
☐ Sometimes ☐ My child didn't need care right away for an illness or injury in the last 12 months.
☐ Usually

25. In the last 12 months, how long did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?
- ☐ Same day ☐ 8-14 days
☐ 1 day ☐ 15 days or longer
☐ 2-3 days ☐ My child didn't need to get care right away for an illness or injury in the last 12 months.
☐ 4-7 days
26. In the last 12 months, did your child need an appointment for well-patient care, such as a physical exam or check-up?
- ☐ Yes ☐ No Go to Question 29
27. In the last 12 months, when your child needed an appointment for well-patient care, how often did your child get an appointment as soon as you wanted?
- ☐ Never ☐ Usually ☐ My child didn't need an appointment for well-patient care in the past 12 months.
☐ Sometimes ☐ Always
28. In the last 12 months, when your child needed an appointment for well-patient care, how long did your child have to wait between trying to get care and actually seeing a provider?
- ☐ Within 7 days ☐ More than 28 days
☐ 8-14 days ☐ My child didn't need an appointment for well-patient care in the last 12 months.
☐ 15-28 days
29. In the last 12 months, how many times did your child go to an emergency room?
- ☐ None ☐ 1 ☐ 2-3 ☐ 4-6 ☐ More than 6
30. In the last 12 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?
- ☐ None Go to Question 43 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-9 ☐ 10 or more
31. In the last 12 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?
- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ My child had no visits in the last 12 months.
32. In the last 12 months, how much of a problem, if any, were delays in your child's healthcare while you waited for approval from your child's health plan?
- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ My child had no visits in the last 12 months.
33. In the last 12 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?
- ☐ Never ☐ Usually ☐ I don't know
☐ Sometimes ☐ Always ☐ My child had no visits in the last 12 months.
34. In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?
- ☐ Never ☐ Usually ☐ I don't know
☐ Sometimes ☐ Always ☐ My child had no visits in the last 12 months.



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35. In the last 12 months, how often were office staff at you child's doctor's office or clinic as helpful as you thought they should be?

- ☐ Never ☐ Usually ☐ I don't know
☐ Sometimes ☐ Always ☐ My child had no visits in the last 12 months.

36. In the last 12 months, how often did your child's doctor or other health providers listen carefully to you?

- ☐ Never ☐ Usually ☐ I don't know
☐ Sometimes ☐ Always ☐ My child had no visits in the last 12 months.

37. In the last 12 months, how often did your child's doctor or other health providers explain things in a way you could understand?

- ☐ Never ☐ Usually ☐ I don't know
☐ Sometimes ☐ Always ☐ My child had no visits in the last 12 months.

38. In the last 12 months, how often did your child's doctor or other health providers show respect for what you had to say?

- ☐ Never ☐ Usually ☐ I don't know
☐ Sometimes ☐ Always ☐ My child had no visits in the last 12 months.

39. Is your child old enough to talk with doctors about his or her healthcare?

- ☐ Yes ☐ No Go to Question 41

40. In the last 12 months, how often did doctors or other health providers explain things in a way your child could understand?

- ☐ Never ☐ Always
☐ Sometimes ☐ I don't know
☐ Usually ☐ My child had no visits in the last 12 months or my child is not old enough to talk with doctors.

41. In the last 12 months, how often did doctors or other health providers spend enough time with your child?

- ☐ Never ☐ Usually ☐ I don't know
☐ Sometimes ☐ Always ☐ My child had no visits in the last 12 months.

42. We want to know your rating of all your child's healthcare in the last 12 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst healthcare possible and 10 is the best healthcare possible. How would you rate your child's healthcare?

- ☐ 0 Worst health care possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health care possible
☐ My child had no visits last 12 months.

43. In the last 12 months, what type of facility did your child go to most often for healthcare? Select the facility your child used most often.

Please mark only one answer

- ☐ A military facility - This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
☐ A civilian facility - This includes: Civilian doctor's office, Civilian clinic, Hospital, Civilian TRICARE contractor
☐ Uniformed Services Family Plan Facility (USFHP)
☐ My child went to none of the listed types of facility in the last 12 months.

_____**YOUR CHILD'S HEALTH PLAN**_____

The next questions ask about your experience with your child's health plan. Your child's health plan is the one he or she used most in the last 12 months.

44. Claims are sent to a health plan for payment. You may send in your child's claims yourself, or doctors, hospitals, or others may do this for your child.

In the last 12 months, did you or anyone send in any claims for your child to your child's health plan?

- ☐ Yes ☐ No Go to Question 48 ☐ I don't know Go to Question 48

45. In the last 12 months, how often did your child's health plan handle your child's claims in a reasonable time?

- ☐ Never ☐ Usually ☐ I don't know.
☐ Sometimes ☐ Always ☐ No claims were sent to my child's health plan in the last 12 months.

46. In the last 12 months, how often did your child's health plan handle your child's claims correctly?

- ☐ Never ☐ Usually ☐ I don't know.
☐ Sometimes ☐ Always ☐ No claims were sent to my child's health plan in the last 12 months.

47. In the last 12 months, before your child went for care, how often did your child's health plan make it clear how much you would have to pay?

- ☐ Never ☐ Usually ☐ I don't know.
☐ Sometimes ☐ Always ☐ No claims were sent to my child's health plan in the last 12 months.

48. In the last 12 months, did you look for any information in written materials from your child's health plan?

- ☐ Yes ☐ No Go to Question 50

49. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't look for information from my child's health plan in the last 12 months.

50. In the last 12 months, did you call the health plan's customer service to get information or help for your child?

- ☐ Yes ☐ No Go to Question 52

51. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't call my child's health plan's customer service in the last 12 months.



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52. In the last 12 months, have you called or written your child's health plan with a complaint or problem?

- ☐ Yes ☐ No Go to Question 55

53. How long did it take for your child's health plan to resolve your complaint?

- ☐ Same day ☐ 4 or more weeks
☐ 1 week ☐ I am still waiting for it to be settled. Go to Question 55
☐ 2 weeks ☐ I haven't called or written with a complaint in the last 12 months. Go to Question 55
☐ 3 weeks

54. Was your complaint or problem settled to your satisfaction?

- ☐ Yes ☐ I am still waiting for it to be settled.
☐ No ☐ I haven't called or written with a complaint in the last 12 months.

55. Paperwork means things like having your child's records changed, processing forms, or other paperwork related to getting care for your child.

In the last 12 months, did you have any experiences with paperwork with your child's health plan?

- ☐ Yes ☐ No Go to Question 57

56. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't have any experience with paperwork for my child's health plan in the last 12 months.

57. We want to know your rating of all your experience with your child's health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

- ☐ 0 Worst health plan possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health plan possible

_____YOUR CHILD'S HEALTH_____

58. In general, how would you rate your child's overall health now?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

A health condition could be physical, mental, or behavioral. Health conditions can affect a child's development, daily function, or need for services. Keep this in mind as you answer the following questions.

59. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

☐ Yes ☐ No Go to Question 62

60. Is this because of a medical, behavioral, or other health condition?

☐ Yes ☐ No Go to Question 62

61. Is this because of a health condition that has lasted or is expected to last for at least 12 months?

☐ Yes ☐ No

62. Does your child need or use more medical, mental health, or educational services than is usual for most children the same age?

☐ Yes ☐ No Go to Question 65

63. Is this because of a medical, behavioral, or other health condition?

☐ Yes ☐ No Go to Question 65

64. Is this because of a health condition that has lasted or is expected to last for at least 12 months?

☐ Yes ☐ No

65. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

☐ Yes ☐ No Go to Question 68

66. Is this because of a medical, behavioral, or other health condition?

☐ Yes ☐ No Go to Question 68

67. Is this because of a health condition that has lasted or is expected to last for at least 12 months?

☐ Yes ☐ No

68. Does your child need to get special therapy, such as physical, occupational, or speech therapy?

☐ Yes ☐ No Go to Question 71

69. Is this because of a medical, behavioral, or other health condition?

☐ Yes ☐ No Go to Question 71

70. Is this because of a health condition that has lasted or is expected to last for at least 12 months?

☐ Yes ☐ No

71. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

☐ Yes ☐ No Go to Question 73



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72. Is this because of a health condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes ☐ No

73. When was the last time your child had a routine preventive care appointment, such as a physical examination or a well baby/child check-up?

- ☐ Less than 12 months ago ☐ 5 or more years ago
☐ 1 -2 years ago ☐ Never had a physical examination or check-up.
☐ More than 2 but less than 5 years ago

-----ABOUT YOUR CHILD AND YOU-----

Information in this section will be used to study how different kinds of people view our healthcare system. This information will not be used to identify you.

74. What is your child's age right now?

- ☐ Less than 1 year Go to Question 77 ☐ 3-5 years Go to Question 78 ☐ 9-12 years Go to Question 78
☐ 1-2 years Go to Question 75 ☐ 6-8 years Go to Question 78 ☐ 13-17 years Go to Question 78

75. To the best of your knowledge, has your child received all of his or her age-appropriate immunizations?

- ☐ Yes ☐ No ☐ Don't know

76. You may need your vaccination record to answer the following questions. Please mark the number of times your child has ever received the following immunizations.

a. DTap, DT, or DTP (diphtheria-tetanus-pertussis)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐ Don't know

b. MMR (measles-mumps-rubella)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐ Don't know

c. IPV or OPV (oral polio vaccine or inactivated polio vaccine)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐ Don't know

d. Hib (Haemophilus Influenzae type b)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐ Don't know

e. HepB (Hepatitis B)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐ Don't know

f. Varicella (chicken pox)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐ Don't know

77. In the last 12 months, did your child's doctors or other health providers talk with you about any of the following:
MARK ALL THAT APPLY.

- ☐ Your child's growth and development
- ☐ The kinds of behaviors you can expect to see in your child
- ☐ How to dress, bathe, and feed your child.
- ☐ Things you can do to help your child grow and learn
- ☐ The importance of talking to, reading to, and playing with your child.
- ☐ Ways to keep your child from being injured
- ☐ How to make your house safe
- ☐ How to make your car safe (e.g., car seats)

78. Is your child male or female?

- ☐ Male
- ☐ Female

79. Is your child of Hispanic or Latino origin or descent?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

80. What is your child's race? PLEASE MARK ONE OR MORE.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

81. What is your age now?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

82. Are you male or female?

- ☐ Male
- ☐ Female

83. What is the highest grade or level of school that you have completed?



- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

84. How are you related to the child?

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older brother or sister
- ☐ Legal guardian
- ☐ Other

THANK YOU

Please return the completed survey in the postage-paid envelope.

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